

D.P.S. USE ONLY			Page # 2	SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units 2	Amended - Attach Copy of Original Report	Notified	Arrived						
Date	Time	County	1- Interstate 4- Secondary 2- US Primary 5- County 3- SC Primary		Collision Location (Rt. # / Name) 5 PRIVATE PROPERTY		0-Main 6-Connection 2-Alternate 7-Business 5-Spur	Miles:	Dir. N E S W	In / Near City or Town of: MYRTLE BEACH							
Lane # / Dir.		Distance Offset	Direction		Base Intersection (Rt. # / Name)		0-Main 6-Connection 2-Alternate 7-Business 5-Spur 9-Other	ASRU code	MP/ Grid								
R.R. Id.		From	To		Second Intersection (Rt. # / Name)		0-Main 6-Connection 2-Alternate 7-Business 5-Spur 9-Other	Latitude	33° 40' 14" 10"								
From		Ramp Only		To		Toward		Longitude	75° 56' 29" 20"								
V- 301039 Driver/Pedestrian's Full Name SIROT/CHARISSE/D						V- 301040 Driver/Pedestrian's Full Name VEHICLE LEGALLY PARKED											
Unit #	Sex	Race	Street			Unit #	Sex	Race	Street								
1	F	W	516 WEST END AVE			2											
Birth Date		City, State, & Zip				Birth Date		City, State, & Zip									
11/05/1960		AVON, NJ 07717															
State			Insurance Company			State			Insurance Company								
NJ			HIGH POINT			SC			SC FARM BUREAU								
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #								
1994	4D	MERC	1N6LM648RA610185			2006	43	MAZD	JM1BK34L781117640								
State		Year	License Plate #	Owner's D.L. #		State		Year	License Plate #	Owner's D.L. #							
NJ		2010	YNP71U			SC		2011	CZH337								
Home Telephone			Owner's Full Name			Home Telephone			Owner's Full Name								
( )			SIROT/CHARISSE/D			( )			REYNOLDS/PATRICK								
Bus. Telephone			Street			Bus. Telephone			Street								
(732) 943 4800			1041 ELM AVE APT 3			(813) 333 5528			356 RAINBOW DR								
Contributed To Collision		City, State, & Zip				Contributed To Collision		City, State, & Zip									
Yes		PT PLEASANT, NJ 08742				Yes		MURRELS INLET, SC 29576									
Estimated Speed	Speed Limit	C.D.L. Req: Yes (No)		T/B S Req: Yes (No)		Alc/Drg info (see back): Yes (No)		Estimated Speed	Speed Limit	C.D.L. Req: Yes (No)		T/B S Req: Yes (No)		Alc/Drg info (see back): Yes (No)			
3	NIP	N/A		N/A		N/A		0	NIP	N/A		N/A		N/A			
V- 301041 Driver/Pedestrian's Full Name						State Year License Plate # Owner's D.L. #											
N/A																	
Home Telephone			Owner's Full Name			Home Telephone			Owner's Full Name								
( )						( )											
Bus. Telephone			Street			Bus. Telephone			Street								
( )						( )											
Contributed To Collision			City, State, & Zip			Contributed To Collision			City, State, & Zip								
Yes						Yes											
Year	Body	Vehicle Make	VIN #			Year	Body	Vehicle Make	VIN #								
Dir. of Travel:		Unit 1: N S E W		Unit 2: N S E W		Unit 3: N S E W		Unit 1 Dam.		Unit 2 Dam.		Unit 3 Dam.		Prop. Dam. 1		Prop. Dam. 2	
		N/A		N/A		N/A		\$50		\$50		\$N/A		\$N/A		\$N/A	
Property Owner/Witness						Property Owner/Witness											
GIBBS/JOHN						N/A											
Address						Address											
200 WHITTY DC UNIT 403 MYRTLE BEACH																	
State		Zip	Phone		State		Zip	Phone		State		Zip	Phone				
SC		29579	843 903 4007														
Photo:		Describe What Happened (Refer to Units by Number)															
G N		UNIT # 2 WAS LEGALLY PARKED ON PRIVATE PROPERTY IN A PARKING SPACE. DRIVER OF UNIT # 1 CLAIMED TO HAVE PARKED IN A PARKING SPACE ON PRIVATE PROPERTY NEXT TO UNIT # 2 WITHOUT INCIDENT; HOWEVER, THE WITNESS (GIBBS) OBSERVED UNIT # 1 STRIKING THE REAR PASSENGER BUMPER OF UNIT # 2 WHEN ATTEMPTING TO PARK IN A PARKING SPACE; DARK TRANSFER PAINT COULD BE SEEN ON THE BUMPER OF UNIT # 2. I OBSERVED VERY LITTLE LIGHT POLYMER TRANSFER PAINT ON THE FRONT DRIVERS SIDE BUMPER OF UNIT # 1. PRIOR TO MY ARRIVAL, OWNER OF															
PRIVATE PROPERTY																	
NO DIAGRAM																	
NOTICE - THE TR-310 IS FOR STATISTICAL REPORTING PURPOSES ONLY AND IS A REFLECTION OF THE OFFICER'S BEST KNOWLEDGE, OPINION, AND BELIEF COVERING THE COLLISION BUT NO WARRANT IS MADE AS TO THE FACTUAL ACCURACY THEREOF.																	
Investigating Officer's Name			Rank	Badge #	Code	Date	Reviewer's Name			Rank	Internal Agency Code						
DORRIS, JOSHUA			POC	76901315	50000000	1-22-10	Boutang-J			50	01-10-006056						



D.P.S. USE ONLY			Page # 2 Of 2		SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM TR-310 (Rev. 01/2001)				# Of Units 2	Amended - Attach Copy of Original Report	Notified 1418	Arrived 1522	
Date 01/11/2010	Time 1445	County DCL	1- Interstate 2- US Primary 3- SC Primary	4- Secondary 5- County 6- Other	Collision Location (Rt. # / Name) 5 PRIVATE PROPERTY			0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	Miles: Dir: N E S W	In / Near City or Town of: MYRTLE BEACH		
Lane # / Dir.		Distance Offset	Direction		Base Intersection (Rt. # / Name)			0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	ASRU code	MPI/Grid		
#	Of	N E S W	Miles Feet	N E S W	From			Latitude	Longitude				
R.R. Id.		From	Ramp Only	To	Second Intersection (Rt. # / Name)			0-Main 2-Alternate 5-Spur	6-Connection 7-Business 9-Other	Latitude		Longitude	
		N E S W	1 - Entrance 2 - Exit	N E S W	Toward								

Z-062551 Driver/Pedestrian's Full Name				Z-062552 Driver/Pedestrian's Full Name					
Unit #	Sex	Race	Street	Unit #	Sex	Race	Street		
Birth Date		City, State, & Zip		Birth Date		City, State, & Zip			
State	Driver's License #		Insurance Company	State	Driver's License #		Insurance Company		
Year	Body	Vehicle Make	VIN #	Year	Body	Vehicle Make	VIN #		
State	Year	License Plate #	Owner's D.L. #	State	Year	License Plate #	Owner's D.L. #		
Home Telephone		Owner's Full Name		Home Telephone		Owner's Full Name			
Bus. Telephone		Street		Bus. Telephone		Street			
Contributed To Collision		City, State, & Zip		Contributed To Collision		City, State, & Zip			
Yes		No		Yes		No			
Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Drg info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Drg info (see back): Yes No
Summons #	Code	Summons #	Code	Towed By	Summons #	Code	Summons #	Code	Towed By

Z-062553 Driver/Pedestrian's Full Name				State	Year	License Plate #	Owner's D.L. #		
Unit #	Sex	Race	Street	Home Telephone		Owner's Full Name			
Birth Date		City, State, & Zip		Bus. Telephone		Street			
State	Driver's License #		Insurance Company	Contributed To Collision		City, State, & Zip			
Yes		No		Yes		No			
Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Drg info (see back): Yes No	Estimated Speed	Speed Limit	C.D.L. Req: Yes No	T/B S Req: Yes No	Alc/Drg info (see back): Yes No
Summons #	Code	Summons #	Code	Towed By	Summons #	Code	Summons #	Code	Towed By

Dir. of Travel:		Unit 1: N S E W	Unit 2: N S E W	Unit 3: N S E W	
Unit 1 Dam.	Unit 2 Dam.	Unit 3 Dam.	Prop. Dam. 1	Prop. Dam. 2	
\$	\$	\$	\$	\$	
Property Owner/Witness			Property Owner/Witness		
Address			Address		
State	Zip	Phone	State	Zip	Phone
Photo:	Describe What Happened (Refer to Units by Number)				
Y N	UNIT #2 HAD TAKEN PICTURES WHERE I OBSERVED WHITE TRANSFER PAINT ON THE BUMPER OF UNIT #1.				

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Investigating Officer's Name DOLLS, JOSEPH A	Rank PP	Badge # 11690/315	Code 22020000	Date 1-22-10	Reviewer's Name Bertang - J	Rank J	Internal Agency Code 0110-006056
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